OPENING STATEMENT*

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As chairman of the Committee on Medicine in Society it has been my privilege to help organize this conference; now, I welcome you to two days of talk—and, we hope, to new wisdoms.

These are hard times for us in medicine. We are being told that we are too rich, too selfish, and bound to maintain the status quo. We are also told that we are incompetent, ineffective, and heedless of the needs of those for whose care we were educated. We are being reviewed by our peers; by experts in economics, social sciences, and the law; by the clergy; and, finally, by all those who are ill or who may think they are ill. Except for the clergy, I believe that we are the last guild in this homogenizing society. What this society has forgotten is that we are like all other women and men. Happily, today members of the medical profession are drawn from all social and economic strata in our society; for many, medicine has been a basis for moving up the social and economic ladder. This is part of the intangible American dream.

If we have not always fulfilled the rational and sometimes irrational roles in which we have been cast by some people, well so be it—provided we have not been seduced into playing irrational roles.

It is inevitable that we should come under the glass at a time when nobody is immune to scrutiny. It is good that these examinations take place, provided that they are properly motivated and are pursued with efforts at understanding and constructive criticism in mind. However, we must recognize that many people are eager to make capital of these

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examinations and have no concern for constructive change where it is needed.

Appropriate responses should be along the lines which we have drawn for this conference. We should examine the issues as professionals, and we should determine where change is needed and how best to achieve it in order to provide the highest possible standards of quality care. Finally, our efforts should be integrated with those of other institutions of this society, for their success requires the cooperation of many different nonmedical groups.